

STUDENT'S NAME: _____

CURRENT GRADE LEVEL: _____ D.O.B. _____

ADDRESS: _____

HOME TELEPHONE: _____ PARENT/GUARDIAN CELL: _____

PARENT/GUARDIAN EMAIL: _____@_____

STUDENT CELL: _____ circle T-SHIRT SIZE: S M L XL XXL

At this point in time, my post-secondary plans are:

Apprenticeship College Program _____
Name of program (if known)

Workplace University Program _____
Name of program (if known)

What makes you a suitable candidate for this program? _____

Do you have any health concerns that may affect your success in this program? _____

TEACHER REFERENCE:

Please write the name of a current teacher who would recommend you for the SHSM-Health & Wellness program:

PARENT / GUARDIAN DECLARATION:

I/We am/are aware that _____ has expressed an interest in registering for the Specialist High Skills Major Health & Wellness program. I/We am/are aware that participation in this program does not in any way commit the student or the school to a post-secondary career in the Health and/or Wellness sectors.

I/We am/are also aware that the student's image may be used in press releases, reports, video reports, etc. & give permission for this to occur.

Parent/Guardian Signature

Date